

 See inside for important benefit changes



Commonwealth of Massachusetts
Group Insurance Commission

2023–2024 BENEFITS GUIDE

For benefits and rates effective
JULY 1, 2023 – JUNE 30, 2024

COMMONWEALTH
OF MASSACHUSETTS
MUNICIPAL
EMPLOYEES, RETIREES
& SURVIVORS



ANNUAL ENROLLMENT:
APRIL 5 – MAY 3, 2023

View this Benefits Guide
online at mass.gov/GIC



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MyGICLink

The MyGICLink member benefits portal allows you to make changes to your coverage during GIC's Annual Enrollment online.

Log in
bit.ly/MyGICLinkLogin

Register
bit.ly/MyGICLinkRegistration

More information
mass.gov/MyGICLink

REVIEW THIS GUIDE TO IDENTIFY WHICH BENEFITS ARE OFFERED AND WHICH ONES ARE BEST FOR YOU.

There are changes to multiple benefits for the plan year beginning on July 1, 2023. The GIC encourages members to actively shop and evaluate different coverage options.

Please carefully review this guide as well as detailed benefits information for each GIC benefit carrier available at bit.ly/GICbenefitscontact, to make informed decisions about your coverage.

Contact health insurance carriers or visit the GIC's website for more detailed benefits information. Please review page 3 for more information.

IMPORTANT REMINDERS



- 1. SUBMIT ALL CHANGES NO LATER THAN MAY 3, 2023.**
- 2.** Check with your health and other insurance plans about tier changes, network coverage, providers, drug tiers, wellness benefits, and more.
- 3. NEW HIRE?** Visit bit.ly/GICNewEmployee for employment & eligibility.
- 4. TURNING 65?** Visit bit.ly/GIC65Enrollment for a video to guide you through the next steps, whether you're retiring or not.
- 5.** Doctors and hospitals within your network may change during the year. If your provider is no longer available, your health insurance carrier will help you find a new one. Your doctor or hospital leaving a network is not a qualifying event to change health plans.
- 6.** When checking provider coverage and tiers, be sure to specify the health insurance plan's full name, such as "Harvard Pilgrim Explorer" or "Harvard Pilgrim Quality," not just "Harvard Pilgrim Health Care." Your health insurance plan is the best source for this information.
- 7.** You may only enroll in or change your health plan election during GIC's annual enrollment or within 60 days of a qualifying status change event. For a complete list of qualifying events, visit bit.ly/MassGICQualifyingEvents.

Resources and benefits contact information can be found on page 18.

What's New For The Upcoming Plan Year

July 1, 2023 – June 30, 2024



HEALTH INSURANCE PLAN NEWS

The new July 1 plan year marks the beginning of a new health insurance contract cycle, and as a result of this, and the merger of Tufts Health Plan and Harvard Pilgrim Health Care into Point32 Health, there are changes to the health plans available to GIC members for benefits effective July 1, 2023.

The GIC encourages all members to actively shop and evaluate health coverage options. Please carefully review this guide to better understand these changes and make informed decisions about your coverage.

Note: If you are currently enrolled in a health plan that is being discontinued in Fiscal Year 2024 (FY2024) and you do not choose a new plan, you will automatically be default enrolled in a comparable health plan. It is important to evaluate your options and select a health plan that meets your needs. After evaluating your options, if you do not want to select a different health plan during Annual Enrollment, no further action is needed. **FY2024 health plan placement options are outlined on pages 4-6.**

IF YOU ARE A NON-MEDICARE RETIREE

Health Insurance Plan News:

More information on plan changes and default enrollment options is available on page 5 for members whose plans have changed or are no longer available due to the new health insurance contract cycle. There are new geographic eligibility restrictions for the GIC's non-Medicare health plans. Please review the health insurance plan locator map on page 9.

Pharmacy Benefits News:

CVS Caremark will be your new pharmacy/prescription drug administrator:

If you are enrolled in medical coverage through the GIC, you will automatically receive prescription drug coverage through CVS Caremark. There is nothing you need to do as a result of this change. This will replace Express Scripts as your prescription benefit administrator. Prescription benefits (deductible and copays) remain unchanged.

CVS Caremark offers cost management resources and live customer service support to help you best understand and manage your prescription costs. You will receive a separate ID card for the CVS Caremark pharmacy by July 1, 2023. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled.

More information can be found on page 14.

IF YOU ARE A MEDICARE ELIGIBLE RETIREE

Health Insurance Plan News:

Beginning July 1, 2023, all UniCare Medicare Extension plan premiums will include the CIC component and will have plan benefits that cover most services at 100% after any copay and/or deductible that apply.

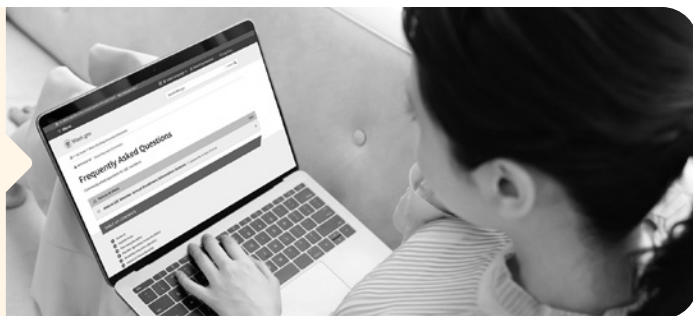
Due to the merger of Harvard Pilgrim and Tufts, the Tufts Medicare Complement plan is no longer available to GIC members. Members who were in that plan may select a new Medicare plan, and if no action is taken, they will be default enrolled in the Harvard Pilgrim Medicare Enhance plan.

Pharmacy Benefits News:

There are no pharmacy benefit changes to Medicare plans.



See the GIC's website for answers to Frequently Asked Questions:
bit.ly/gicfaq



What's New For The Upcoming Plan Year (Non-Medicare) July 1, 2023 – June 30, 2024

NON-MEDICARE HEALTH INSURANCE PLAN NEWS

For Members Living Outside of New England

GIC members whose state of residence is outside of New England (MA, CT, RI, NH, ME, VT) will be automatically enrolled in a new plan offered through Harvard Pilgrim, the Access America PPO. This will offer members access to a larger network of providers, particularly for residents of Florida. This plan replaces UniCare Basic for those members residing outside New England. Deductibles and copays are equivalent to UniCare Total Choice (formerly UniCare Basic).

For Current UniCare Basic Members

UniCare Basic will change its name to UniCare Total Choice, as a result of the eligibility requirements change (restricted to residents of New England or international). The GIC is also removing the requirement that members pay 100% of the cost of the Comprehensive Insurance Coverage (CIC) component of coverage, so the full premium will now be subject to the appropriate cost share. This means that coverage without CIC will not be available, nor will members have to pay a greater share for the CIC component than participants in other plans. There will also be the following copay changes: all specialist office visits will be \$45, and outpatient Eye and GI procedures will be \$150.

For Current Harvard Pilgrim or Tufts Health Plan Members

As a result of the Tufts/Harvard Pilgrim merger, Tufts' branded insurance plans will no longer be offered to active employees and non-Medicare retirees. Members who were in Tufts Navigator or Tufts Spirit will need to shop for a new plan or they will automatically be default enrolled in a comparable Harvard Pilgrim health plan. It is important to evaluate your options and select a health plan that meets your needs. After evaluating your options, if you do not want to select a different health plan during Annual Enrollment, no further action is needed. The names of the new Harvard Pilgrim plans are Explorer (broad-network POS plan) and Quality (limited-network HMO plan). Copays and deductibles are equivalent to the former Independence/Navigator and Primary Choice/Spirit plans, respectively. Members who were in the Tufts Spirit plan and who stay in the new Harvard Pilgrim Quality plan will have to select a Primary Care

Physician (PCP). Please contact Harvard Pilgrim after the new plan year begins, July 1, 2023, to select a PCP; otherwise, Harvard Pilgrim will assign one to you.

For Current UniCare Community Choice & Plus Members

UniCare Plus and UniCare Community Choice will have adjustments to their copays. Outpatient Eye and GI procedures will have a \$150 copay on both plans, and all other outpatient procedures will have a \$250 copay. There will also be adjustments to the PCP copays: UniCare Plus will have the same tiered \$10/\$20/\$40 PCP copays as other broad network plans, and the UniCare Community Choice copay will be \$20 for all PCPs.

For Current AllWays Health Partners Members

AllWays Health Partners has changed its name to Mass General Brigham Health Plan, and their GIC health plan has been redesignated as a broad network plan, available to residents throughout Massachusetts. As a result, the AllWays Complete HMO plan has been renamed the Mass General Brigham Health Plan Complete. With its designation as a broad network plan, this means that there will now be three tiers of copays for most providers (\$10/\$20/\$40 for PCP office visits, \$30/\$60/\$75 for Specialists, and \$275/\$500/\$1,500 for Inpatient copays).

Please review Benefits-at-a-Glance on page 10 for detailed information.



What's New For The Upcoming Plan Year (Non-Medicare)

July 1, 2023 – June 30, 2024

WHAT YOU NEED TO KNOW: HEALTH INSURANCE PLAN CHANGES

If you are currently enrolled in a health plan that is being discontinued in Fiscal Year 2024 (FY2024) and you do not act to choose a new plan, you will be automatically default enrolled in a comparable health plan, provided that you reside in the plan's service area. It is important to evaluate your options and select a health plan that meets your needs. Please review the Locator Insurance Map to determine which plan you can enroll in. The chart below shows the health plan that you will be enrolled in if you do not choose a different health plan during Annual Enrollment.

| | FY2024 SERVICE AREA | FY2023 HEALTH PLAN | FY2024 HEALTH PLAN* |
|-----------------------------------|--|---|--|
| Plans that are changing this year | National (Outside New England) | UniCare State Indemnity Plan - Basic (w/ or w/out CIC) | Harvard Pilgrim Health Care - Access America |
| | New England and International Residents | UniCare State Indemnity Plan - Basic (w/ or w/out CIC) | UniCare State Indemnity Plan - Total Choice |
| | New England | Tufts Health Plan - Navigator | Harvard Pilgrim Health Care - Explorer POS |
| | | Harvard Pilgrim Health Care - Independence | Harvard Pilgrim Health Care - Explorer POS |
| | All of Massachusetts | AllWays Health Partners - Complete HMO | Mass General Brigham Health Plan - Complete HMO |
| | Most of Massachusetts (See Locator Insurance Map on page 9) | Harvard Pilgrim Health Care - Primary Choice | Harvard Pilgrim Health Care - Quality HMO |
| | | Tufts Health Plan - Spirit | Harvard Pilgrim Health Care - Quality HMO |
| | | | UniCare State Indemnity Plan - Community Choice (Barnstable county only) |

| | FY2024 SERVICE AREA | FY2023 HEALTH PLAN | FY2024 HEALTH PLAN* |
|--------------------------------------|--|--|--|
| Plans that aren't changing this year | New England | UniCare State Indemnity Plan - Plus | UniCare State Indemnity Plan - Plus |
| | Most of Massachusetts (See Locator Insurance Map on page 9) | UniCare State Indemnity Plan - Community Choice | UniCare State Indemnity Plan - Community Choice |
| | Western Massachusetts | Health New England - HMO | Health New England - HMO |

* See Benefits-at-a-Glance page for detailed copay and deductible information.

WHICH OPTION IS BEST FOR ME?

When deciding what product is right for you, it is important to consider:

- Where will you and your dependents be living during the upcoming benefits plan year?
- What type of coverage do you need, National? Broad? or Regional and Limited?
- Are your doctors and hospitals in the health plan's network?
- Which tier are your doctors and hospitals in?
- If there are new doctors you would like to see, which of those doctors in the network are accepting new patients?

What's New For The Upcoming Plan Year (Medicare)

July 1, 2023 – June 30, 2024

WHAT YOU NEED TO KNOW: HEALTH INSURANCE PLAN CHANGES

If you are a member affected by the FY2024 health plan changes and you do not choose a new plan, you will automatically be default enrolled in a comparable health plan provided that you reside in the plan's service area. However, if the default plan meets your needs, no further action is needed during Annual Enrollment.

| | FY2024 SERVICE AREA | FY2023 HEALTH PLAN | FY2024 HEALTH PLAN* |
|-----------------------------------|---------------------|---|---|
| Plans that are changing this year | National | UniCare State Indemnity Plan - Medicare Extension OME (w/ or w/out CIC) | UniCare State Indemnity Plan - Medicare Extension |
| | | Tufts Health Plan - Medicare Complement | Harvard Pilgrim Health Care - Medicare Enhance |

| | FY2024 SERVICE AREA | FY2023 HEALTH PLAN | FY2024 HEALTH PLAN* |
|--------------------------------------|-----------------------|--|--|
| Plans that aren't changing this year | National | Harvard Pilgrim Health Care - Medicare Enhance | Harvard Pilgrim Health Care - Medicare Enhance |
| | | Health New England - Medicare Supplement | Health New England - Medicare Supplement |
| | Most of Massachusetts | Tufts Health Plan - Medicare Preferred | Tufts Health Plan - Medicare Preferred |

* See Benefits-at-a-Glance page for detailed copay and deductible information.

Have You Experienced Any of These Qualifying Events?

- Marriage
- Legal separation, divorce or remarriage of you or your former spouse
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Death of a covered spouse or dependent
- You have GIC COBRA coverage and become eligible for other coverage

If you have experienced any of these qualifying events, you must notify the GIC within 60 days of your event. Failure to do so can result in financial liability to you.

QUESTIONS?

CONTACT
THE GIC



View a complete list of Qualifying Events
bit.ly/MassGICQualifyingEvents



1.617.727.2310, TDD/TTY 711



Health Insurance Plan Rates (Monthly Full Cost)



Effective July 1, 2023

Full cost rates include the 0.30% administrative fee.

You do not pay the full cost rate. Your share of the cost depends on your city or town cost-sharing arrangement. Contact your local benefit coordinator for information on your premiums.

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PLANS

| HEALTH INSURANCE PLANS | PLAN NETWORK | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
|--|--------------|---------------------|-----------------|
| Harvard Pilgrim Access America PPO | National | \$1,180.40 | \$2,629.04 |
| UniCare Total Choice INDEMNITY | Broad | \$1,348.43 | \$2,983.18 |
| UniCare PLUS PPO-TYPE | | \$883.99 | \$2,097.98 |
| Harvard Pilgrim Explorer POS | | \$976.42 | \$2,412.86 |
| Mass General Brigham Health Plan Complete HMO | | \$892.50 | \$2,352.42 |
| Harvard Pilgrim Quality HMO | Limited | \$721.33 | \$1,829.24 |
| UniCare Community Choice PPO-TYPE | | \$676.74 | \$1,669.16 |
| Health New England HMO | Regional | \$735.00 | \$1,757.61 |

MEDICARE HEALTH INSURANCE PLANS

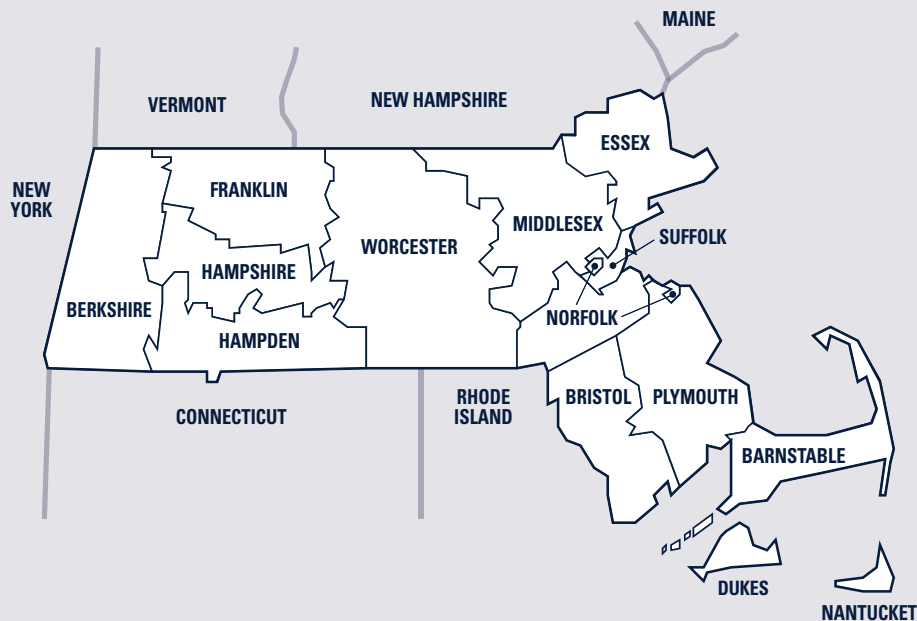
| HEALTH INSURANCE PLANS | PLAN NETWORK | PER PERSON |
|---|--------------|------------|
| Tufts Medicare Preferred MEDICARE ADVANTAGE | Limited | \$352.75 |
| Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT | National | \$421.84 |
| Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT | | \$430.29 |
| UniCare Medicare Extension MEDICARE SUPPLEMENT | | \$425.11 |

Health Insurance Plan Locator Map (Non-Medicare)



Where you live determines which health insurance plan you may enroll in.

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



BARNSTABLE

Total, Explorer, Plus, Complete, Community

BERKSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

BRISTOL

Total, Explorer, Plus, Complete, Quality, Community

DUKES

Total, Explorer, Plus, Complete

ESSEX

Total, Explorer, Plus, Complete, Quality, Community

FRANKLIN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPDEN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

MIDDLESEX

Total, Explorer, Plus, Complete, Quality, Community

NANTUCKET

Total, Explorer, Plus, Complete

NORFOLK

Total, Explorer, Plus, Complete, Quality, Community

PLYMOUTH

Total, Explorer, Plus, Complete, Quality, Community

SUFFOLK

Total, Explorer, Plus, Complete, Quality, Community

WORCESTER

Total, Explorer, Plus, Complete, Quality, Community, HNE

The **BOLD** text is a shortened version of the full plan name. These names are used to indicate which plan is available in each county.

ACCESS – Harvard Pilgrim Access America

TOTAL – UniCare Total Choice (formerly UniCare Basic)

EXPLORER – Harvard Pilgrim Explorer

PLUS – UniCare Plus

COMPLETE – Mass General Brigham Health Plan Complete

QUALITY – Harvard Pilgrim Quality

COMMUNITY – UniCare Community Choice

HNE – Health New England

OUTSIDE OF MASSACHUSETTS

UniCare Total Choice is the only health insurance plan offered by the GIC that is available for members living outside of the US.

Harvard Pilgrim Access America is the only plan offered by the GIC that is available for members living outside of New England (CT, ME, MA, NH, RI, and VT).

CONNECTICUT*

Total, Explorer, Plus

MAINE

Total, Explorer, Plus

NEW HAMPSHIRE

Total, Explorer, Plus

NEW YORK

Access

RHODE ISLAND

Total, Explorer, Plus

VERMONT

Total, Explorer, Plus

* For residents of CT, members residing near the MA border may enroll in HNE (review HNE's website for provider and network information).

Note: If you are a MA resident who covers dependent family members who live in a different state (whether full-time or as a student), you may pick between Total, Explorer, and Plus. Otherwise, your dependents may only have emergency coverage while out of your plan's service area.

Benefits-at-a-Glance (Non-Medicare)



| HEALTH INSURANCE PLANS | NATIONAL NETWORK | BROAD NETWORK | | |
|---|--|------------------------------------|---|--|
| | HARVARD PILGRIM ACCESS AMERICA | UNICARE TOTAL CHOICE | UNICARE PLUS | HARVARD PILGRIM EXPLORER |
| GEOGRAPHIC ELIGIBILITY | U.S. Outside New England | New England | New England | New England |
| PLAN TYPE | PPO | INDEMNITY | PPO-TYPE | POS |
| PCP Designation Required? | No | No | No | Yes |
| PCP Referral to Specialist Required? | No | No | No | Yes |
| Out-of-pocket Maximum | | | | |
| Individual coverage | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| Family coverage | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| Fiscal Year Deductible | | | | |
| Individual / Family | \$500 / \$1,000 | \$500 / \$1,000 | \$500 / \$1,000 | \$500 / \$1,000 |
| Primary Care Provider Office Visit | \$20 / visit | \$20 / visit | Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit | Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit |
| Preventive Services | Most covered at 100% - no copay | Most covered at 100% - no copay | Most covered at 100% - no copay | Most covered at 100% - no copay |
| Specialist Physician Office Visit | \$45 / visit (no tiering) | \$45 / visit (no tiering) | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit |
| Tier 1 / Tier 2 / Tier 3 | | | | |
| Retail Clinic and Urgent Care Center | \$20 / visit | \$20 / visit | \$20 / visit | \$20 / visit |
| Outpatient Behavioral Health/ Substance Use Disorder Care | \$20 / visit | \$20 / visit | \$10 / visit | \$10 / visit |
| Emergency Room Care | \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) |
| Inpatient Hospital Care - Medical | Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year. | | | |
| Tier 1 / Tier 2 / Tier 3 | \$275 / admission no tiering | \$275 / admission no tiering | \$275 / \$500 / \$1,500 / admission | \$275 / \$500 / \$1,500 / admission |
| Outpatient Surgery | | | | |
| Eye & GI procedures at freestanding facilities in Massachusetts | \$150 | \$150 | \$150 | \$150 |
| All other in Massachusetts | \$250 | \$250 | \$250 | \$250 |
| High-Tech Imaging | Maximum one copay per day. Contact the carrier for details. | | | |
| (e.g., MRI, CT & PET scans) | \$100 / scan | \$100 / scan | \$100 / scan | \$100 / scan |
| Prescription Drugs | Prescription Drug Deductible: \$100 Individual / \$200 Family | | | |
| Retail (up to a 30-day supply) | | | | |
| Tier 1 / Tier 2 / Tier 3 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| Mail Order Maintenance Drugs (up to a 90-day supply) | | | | |
| Tier 1 / Tier 2 / Tier 3 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

If you participate in a non-Medicare plan, GIC protects you from balance billing under Massachusetts General Law Chapter 32A, §20.

If you receive covered, medically necessary medical care *in Massachusetts*, doctors, hospitals, and other medical providers may only collect the amount covered by your GIC plan. You are still responsible for your share of the plan's copays, deductibles, and any other eligible medical out-of-pocket costs, but *not* any excess.

Always compare bills to the Explanation of Benefits (EOB) statement provided by your GIC health carrier. If you are not sure your invoice is a balance bill, call your health carrier. If it is a balance bill, advise your provider that as a GIC member, you are not liable for their excess compensation. If your provider persists in efforts to collect, contact the Group Insurance Commission.

Benefits-at-a-Glance (Non-Medicare)



| BROAD NETWORK | LIMITED NETWORK | | REGIONAL NETWORK |
|---|--|---------------------------------------|---------------------------------------|
| MASS GENERAL BRIGHAM HEALTH PLAN COMPLETE | HARVARD PILGRIM QUALITY | UNICARE COMMUNITY CHOICE | HEALTH NEW ENGLAND |
| All of Mass | Most of Mass | Most of Mass | Western Mass |
| HMO | HMO | PPO-TYPE | HMO |
| Yes | Yes | No | Yes |
| Yes | Yes | No | No |
| \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 |
| \$500 / \$1,000 | \$400 / \$800 | \$400 / \$800 | \$400 / \$800 |
| Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit | \$20 / visit | \$20 / visit | \$20 / visit |
| Most covered at 100% - no copay | Most covered at 100% - no copay | Most covered at 100% - no copay | Most covered at 100% - no copay |
| \$30 / \$60 / \$75 / visit | \$30 / \$60 / visit (no Tier 3) | \$30 / \$60 / \$75 / visit | \$30 / \$60 / visit (no Tier 3) |
| \$20 / visit | \$20 / visit | \$20 / visit | \$20 / visit |
| \$10 / visit | \$20 / visit | \$20 / visit | \$20 / visit |
| \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) |
| Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year. | | | |
| \$275 / \$500 / \$1,500 / admission | \$275 / \$500 / admission (no Tier 3) | \$275 / admission no tiering | \$275 / admission no tiering |
| \$150 | \$150 | \$150 | \$150 |
| \$250 | \$250 | \$250 | \$250 |
| Maximum one copay per day. Contact the carrier for details. | | | |
| \$100 / scan | \$100 / scan | \$100 / scan | \$100 / scan |
| Prescription Drug Deductible: \$100 Individual / \$200 Family | | | |
| \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

You pay both a copay and a deductible for some services.
For details, see your plan's schedule of benefits at [mass.gov/GIC](https://www.mass.gov/GIC).

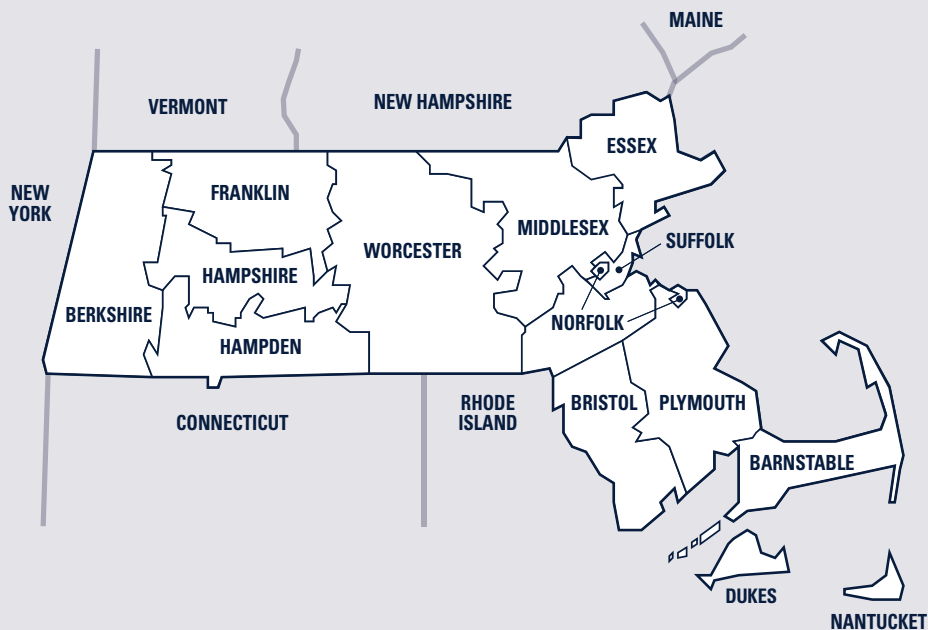
Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans.
Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.

Health Insurance Plan Locator Map (Medicare)



Where you live determines which health insurance plan you may enroll in.

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



The **BOLD** text is a shortened version of the full plan name. These names are used to indicate which plan is available in each county.

HPME – Harvard Pilgrim Medicare Enhance

HNEMSP – Health New England Medicare Supplement Plus

TMP – Tufts Health Plan Medicare Preferred

OME – UniCare State Medicare Extension

OUTSIDE OF MASSACHUSETTS

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, and UniCare Medicare Extension are available throughout the country.

BARNSTABLE

HPME, HNEMSP, TMP, OME

BERKSHIRE

HPME, HNEMSP, OME

BRISTOL

HPME, HNEMSP, TMP, OME

DUKES

HPME, HNEMSP, OME

ESSEX

HPME, HNEMSP, TMP, OME

FRANKLIN

HPME, HNEMSP, OME

HAMPDEN

HPME, HNEMSP, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMP, OME

NANTUCKET

HPME, HNEMSP, OME

NORFOLK

HPME, HNEMSP, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMP, OME

SUFFOLK

HPME, HNEMSP, TMP, OME

WORCESTER

HPME, HNEMSP, TMP, OME

CONNECTICUT

HPME, HNEMSP, OME

MAINE

HPME, HNEMSP, OME

NEW HAMPSHIRE

HPME, HNEMSP, OME

NEW YORK

HPME, HNEMSP, OME

RHODE ISLAND

HPME, HNEMSP, OME

VERMONT

HPME, HNEMSP, OME

Benefits-at-a-Glance (Medicare)



| HEALTH INSURANCE PLANS | MEDICARE ADVANTAGE | MEDICARE SUPPLEMENT | | |
|--|--|--|--|--|
| | TUFTS HEALTH PLAN MEDICARE PREFERRED | HARVARD PILGRIM MEDICARE ENHANCE | HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS | UNICARE MEDICARE EXTENSION |
| GEOGRAPHIC ELIGIBILITY | Most of Mass | National | National | National |
| PLAN TYPE | HMO | INDEMNITY | INDEMNITY | INDEMNITY |
| PCP Designation Required? | Yes | No | No | No |
| PCP Referral to Specialist Required? | Yes | No | No | No |
| Calendar Year Deductible | None | None | None | None |
| Preventive Care Office visits according to health plan’s schedule | No Copay | No Copay | No Copay | No Copay |
| Physician’s Office Visit (except behavioral health) | \$15 per visit | \$15 per visit | \$15 per visit | \$10 per visit |
| Retail Clinic | \$15 per visit | \$15 per visit | \$15 per visit | \$10 per visit |
| Outpatient Behavioral Health / Substance Abuse Disorder Care | \$15 per visit | \$15 per visit | \$15 per visit | First 4 visits: no copay; visits 5 and over: \$10 / visit |
| Inpatient Hospital Care | No Copay | No Copay | No Copay | No Copay |
| Hospice Care | No Copay | No Copay | No Copay | No Copay |
| Diagnostic Laboratory Tests and X-Rays | No Copay | No Copay | No Copay | No Copay |
| Surgery Inpatient and Outpatient | No Copay | No Copay | No Copay | No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare |
| Emergency Room Care (includes out-of-area) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) |
| Hearing Aids | First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period | | | |
| PRESCRIPTION DRUGS | | | | |
| Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

Here is an overview of health insurance benefits offered through each of the GIC's Medicare plans. Benefits are subject to definitions, conditions, limitations and exclusions as spelled out in the respective health insurance plans' documents. With the exception of emergency care, out-of-network benefits are not covered through the Tufts Medicare Advantage Plan.

Prescription Drug Benefits (Non-Medicare)



CVS Caremark will replace Express Scripts as the GIC prescription drug benefit administrator for non-Medicare health insurance plans. Use your CVS Caremark ID card when filling prescriptions.

Prescription Drug Deductible

You pay an annual prescription drug deductible of \$100/individual and \$200/family, separate from your health plan deductible. Once you have paid your prescription drug deductible, your covered prescriptions are subject to a copay.

Prescription Drug Copays

All GIC health plans feature a three-tier copay structure.
Contact CVS Caremark with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic prescription drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name prescription drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic prescription drugs that don't fall into Tiers 1 or 2.

Covered prescription drugs may change when CVS Caremark updates its drug formulary.

Avoid the Prescription Retail Refill Penalty

If you or a family member is taking a long-term medication—such as high cholesterol or high blood pressure—you will receive a communication from CVS Caremark asking you how you wish to receive your future refills—by mail or at your local CVS pharmacy.

For maintenance medications, you must fill a 90-day supply at either a CVS Retail Pharmacy, or you may utilize CVS Caremark Mail Service Pharmacy, and you will pay one mail order copay. All Acute 30-day retail medications, or any non-maintenance medications can be filled at any in-network Retail Pharmacy for one 30-day retail copay.

Make sure you take action before your third refill, otherwise you will pay the full cost of the medication.

QUESTIONS?

CONTACT CVS CAREMARK



info.caremark.com/oe/gic



1.877.876.7214

Prescription Drug Benefits (Medicare)



CVS SilverScript administers the prescription drug benefit for all GIC Medicare health insurance plans. Your prescription drug benefit is called an Employer Group Waiver Plan (EGWP). It combines a standard Medicare Part D drug plan with additional coverage provided by the GIC.

Prescription Drug Copays

All GIC health plans feature a three-tier copay structure. Contact CVS SilverScript with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic prescription drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name prescription drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic prescription drugs that don't fall into Tiers 1 or 2.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

IMPORTANT

- **Do not enroll in a non-GIC Medicare Part D plan.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D plan, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.
- A "Notice of Creditable Coverage" is located in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you must show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit [medicare.gov](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.



QUESTIONS?

CONTACT CVS SILVERSCRIPT



gic.silverscript.com



1.877.876.7214

Mass4YOU: Employee Assistance Program (EAP)



Mass4YOU is a free Employee Assistance Program available to all state and municipal employees and their families who are eligible for GIC benefits administered through Optum health.

GIC health insurance coverage is not required to access the many Mass4YOU work/life and other support services. Through Mass4YOU, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of *free*, confidential support available 24/7, including:

- Three in-person virtual, telephone, or in-person therapy visits per issue, per year
- 30-minute telephone or in-person legal or mediation consultation per issue per year
- Guidance from a financial advisor to help with debt, foreclosure, financial planning, and more
- Referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Mass4YOU's 24/7 confidential substance abuse treatment helpline and a licensed clinician

No formal enrollment is required. Stay up-to-date on all Mass4YOU benefits by providing the GIC with your email at bit.ly/MyGICLinkOnlineForms.

QUESTIONS?

CONTACT
MASS4YOU



liveandworkwell.com;
Enter access code mass4you



1.844.263.1982 | TTY Support: 711 +1.844.263.1982
Substance Use Treatment Helpline: 1.855.780.5955



GIC Retiree Dental Plan



The GIC Retiree Dental Plan is provided through MetLife.

You can get reimbursed up to \$1,250 a year for cleanings, fillings, crowns and other dental services. You pay less if you receive care from one of 370,000 participating dentists nationwide. You pay more if you receive care from a non-participating dentist.

You pay the full cost of this voluntary coverage.

Eligibility

Retirees and survivors from the following municipalities that have elected to offer the plan are eligible:

- City of Melrose
- Town of Ashland
- Town of Bedford
- Town of Brookline
- Town of Holbrook
- Town of Marblehead
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Northeast Metropolitan Regional Vocational School District

If your municipality is not listed, you are not eligible for GIC Retiree Dental benefits. Contact your municipal benefits office for additional information.

Enrollment

Eligible retirees and survivors may join during Annual Enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement.

If you drop GIC Retiree Dental coverage, you may never re-enroll.

MONTHLY GIC PLAN RATES – EFFECTIVE JULY 1, 2023

Includes 0.30% Administrative Fee

\$1,250 Maximum Annual Benefit per Member

| COVERAGE TYPE | RETIREE PAYS MONTHLY |
|---------------|----------------------|
| Single | \$29.36 |
| Family | \$70.75 |

QUESTIONS?
CONTACT METLIFE



[metlife.com/gicbenefits](https://www.metlife.com/gicbenefits)



1.866.292.9990



CONTACT YOUR HEALTH INSURANCE CARRIERS FOR:

- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- Tele-health options that are offered
- Fitness and wellness programs offered

| HEALTH INSURANCE PLAN CARRIERS | PHONE | WEBSITE |
|--|--|---|
| Mass General Brigham Health Plan | 1.866.567.9175 | massgeneralbrighamhealthplan.org/gic-members |
| Harvard Pilgrim Health Care | 1.866.874.0817 | harvardpilgrim.org/gic |
| Health New England | 1.800.842.4464 | healthnewengland.org/gic |
| Tufts Health Plan | Medicare Plans: 1.888.333.0880 | tuftshealthplan.com/gic |
| UniCare State Indemnity Plan Medicare plans Non-Medicare plans | 1.800.442.9300 1.833.663.4176 | unicaremass.com |
| PHARMACY BENEFITS | | |
| CVS Caremark | 1.877.876.7214 | info.caremark.com/oe/gic |
| CVS SilverScript | 1.877.876.7214 | gic.silverscript.com |
| DENTAL BENEFITS | | |
| GIC Retiree MetLife Dental Plan | 1.866.292.9990 | metlife.com/gicbenefits |
| ADDITIONAL RESOURCES (NOT ADMINISTERED BY THE GIC) | | |
| Social Security Administration | 1.800.772.1213 or your local Social Security Office | ssa.gov |
| Medicare | 1.800.633.4227 | medicare.gov |



Website: mass.gov/GIC



Telephone: 1.617.727.2310 TDD/TTY: 711



Member Correspondence Mailing Address:

Group Insurance Commission
P.O. Box 556
Randolph, MA 02368



Notes

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**Commonwealth of Massachusetts
Group Insurance Commission**

1 Ashburton Place, Suite 1619
Boston, MA 02108

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Group Insurance Commission

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